

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

0 0 — 0 2 0

2. STATE:

GEORGIA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

October 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.130

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ H/A

b. FFY 2002 \$ N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 3.1-A, pp 6a, 6a.1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

ATTACHMENT 3.1-A, p. 6a

10. SUBJECT OF AMENDMENT:

CLARIFICATION OF NON-COVERED SERVICES FOR DSPS

GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Gary B. Redding

14. TITLE:

Director, Division of Medical Assistance

15. DATE SUBMITTED:

16. RETURN TO:

Georgia Community Health  
Division of Medical Assistance  
2 Peachtree Street, N.W.  
Atlanta, Georgia 30303-3159

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

December 29, 2000

18. DATE APPROVED:

January 29, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2000

21. TYPED NAME:

Eugene A. Grasser

20. SIGNATURE OF REGIONAL OFFICIAL:

22. TITLE:

Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

13. a) DIAGNOSTIC, b) SCREENING, c) PREVENTIVE SERVICES

Diagnostic, screening and preventive services provided by a physician or other licensed practitioner of the healing arts, within the scope of their practice under State law, are provided by qualified providers to all eligible recipients to promote physical and mental health and efficiency.

- 1.) Diagnostic services include medical procedures or supplies recommended by a physician or other licensed practitioner of the healing arts within the scope of his/her practice that enable him/her to identify the existence, nature or extent of illness, injury or other health deviation.
- 2.) Screening services include standardized tests performed under medical direction of qualified health care professionals to a designated population to detect the existence of one or more particular diseases.
- 3.) Preventive services include services provided by a physician or other licensed practitioner of the healing arts within the scope of practice under State law to
  - a) prevent disease, disability and other health conditions or their progression;
  - b) prolong life; and
  - c) promote physical and mental health and efficiency.

Qualified providers must meet the standards approved by the Department and contained in Sections 106 and Chapter 600 of the Diagnostic, Screening and Preventive Services program policy manual.

Non-Covered Services

Adjunctive services provided in a nursing facility or institutional setting

Experimental services or procedures or those that are not recognized by the professions or the U. S. Public Health Services as universally accepted treatment.

Nursing Home visits

Day Care Center visits

Hospital visits

Family Planning services

Radiological procedures performed by a portable x-ray service

13. a) DIAGNOSIS, b) SCREENING, c) PREVENTIVE SERVICES (continued)

Non-Covered Services (continued)

Drugs used or dispensed in the clinic except those injectables authorized by the Department

Health Check screening services

Laboratory services

Experimental services

Educational supplies, medical testimony, special reports, travel by the nurse, no-show or canceled appointments, additional allowances for services provided after clinic hours or between 10:00 p.m. and 8:00 a.m. or on weekends and holidays, calls, visits or consultations by telephone, and other related services

Services or procedures performed without regard to the policies contained in the manual

Services performed outside protocol or licensure of the specific practitioner

The first two nutrition education contracts for WIC-eligible recipients

Speech, language and hearing services for recipients 21 years of age and older

The initial basic audiometer screening (Initial screening must be done under Health Check)

Investigation items and experimental services; drugs or procedures or those not recognized by the Federal Drug Administration, the United States Public Health Service, Medicare and the Department's contracted peer review organization as universally accepted treatment, including but not limited to, position emission topography, dual photon, absorptiometry, etc.

Lead investigations done at sites other than child's primary place of residence

Services not covered in the physician program except where determined medically necessary for EPSDT eligible children.

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TN No. 00-020  
Supersedes  
TN No. New

Approval Date JAN 29 2001

Effective Date OCT 01 2000